

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/31/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445288	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/29/2012
NAME OF PROVIDER OR SUPPLIER HUNTSVILLE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 287 BAKER STREET HUNTSVILLE, TN 37756		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 029 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure hazardous area one (1) hour fire rated construction is maintained.</p> <p>The findings include:</p> <p>Observation with the Maintenance Supervisor on May 29, 2012 between 11:30 a.m. and 3:30 p.m. revealed the following penetrations:</p> <ol style="list-style-type: none"> 1. Janitor's closet ceiling around sprinkler piping in the 100 hall. 2. Janitor's closet ceiling and wall in the 300 hall. 3. Maintenance shop ceiling. <p>These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on May 29, 2012.</p>	K 029	<p>K029 NFPA 101 Life Safety Code Standard</p> <p>Corrective action(s) accomplished for those residents found to have been affected by the deficient practice:</p> <ol style="list-style-type: none"> 1. Janitor closet ceiling around sprinkler piping in the 100 hall was repaired on May 30, 2012 to ensure no penetrations. <p>Janitor's closet ceiling and wall in the 300 hall was repaired on May 30, 2012 to ensure no penetrations.</p> <p>Maintenance shop ceiling was repaired on May 30, 2012 to ensure no penetrations.</p> <p>Completion date: May 30, 2012</p> <p>Identify other residents have the potential to be affected by the same deficient practice and what corrective action taken:</p> <ol style="list-style-type: none"> 2. Maintenance Director conducted surveillance rounds with the Risk Manager of the facility to ensure no penetrations noted. <p>Completion date: June 29, 2012</p> <p>Measures/systematic changes put in place to ensure that the deficient practice does not recur:</p> <ol style="list-style-type: none"> 3. In-service conducted by Nursing Home Administrator with the Maintenance Department on Life Safety Code Standard K029. <p>Completion date: June 4, 2012</p>		
K 062 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p>	K 062			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Celia Buttram

Administrator

6-15-12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER HUNTSVILLE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 287 BAKER STREET HUNTSVILLE, TN 37756		
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K 062	Continued From page 1 Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation and record review, the facility failed to assure sprinkler system is maintained. The findings include: Observation and record review with the Maintenance Supervisor on May 29, 2012 at 1:50 p.m. revealed and confirmed the following: 1. Record review confirmed no full flow trip test was done within the past 3 years. (Last documented full flow trip test was on 9-25-06) 2. Observation revealed that the facility failed to provide the hydraulic name plate on the sprinkler system. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on May 29, 2012.	K 062	Maintenance Director will conduct weekly rounds to ensure no penetrations noted and present with his safety updates at the month safety meeting.. Routinely on weekly basis that will be ongoing. Monitoring of corrective action to ensure the deficient practice will not recur: 4. NHA will assure compliance by weekly review for 4 weeks to ensure that surveillance rounds on conducted to ensure no penetrations noted in the facility.. Overall findings will be reported to the NHA is policy is not being met. Failure to adhere to facility policy will be considered a violation. Violations will result in disciplinary action in accordance with the facility progressive disciplinary policy. Report of overall findings and subsequent disciplinary action, if applicable, will be reported to the facility Quality Assurance (QA) Committee (consisting of Medical Director, Pharmacy Consultant, Dietician, Psychologist Central Supply Clerk, Wound Care Nurse, Director of Nursing, Assistant Director of Nursing, Social Service Director, Nursing Home Administrator, Risk Manager, MDSC, Nurse, and		
K 147 SS=0	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure	K 147			

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K 147	<p>Continued From page 2</p> <p>adequate electrical outlets that were installed in accordance with NFPA 70.</p> <p>The findings include:</p> <p>Observation on May 29, 2012 revealed that a surge protector was being used for a substitute for lack of electrical outlets for the hot water heaters.</p> <p>This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on May 29, 2012.</p>	K 147	<p>Housekeeping Supervisor) to review the need for continued intervention or amendment to the plan.</p> <p>5. Completion date: July 15, 2012</p> <p>K062 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Corrective action(s) accomplished for those residents found to have been affected by the deficient practice:</p> <p>1. Full flow trip test was done on June 15, 2012.</p> <p>Hydraulic name plate on sprinkler system replaced on June 22, 2012</p> <p>Completion date: June 15, 2012 June 22, 2012</p> <p>Identify other residents have the potential to be affected by the same deficient practice and what corrective action taken:</p> <p>2. Maintenance Director updated "Facility Safety Drills/Inspection Calendar" to reflect date of last drills/inspection and frequency.</p> <p>Completion date: June 15, 2012</p> <p>Measures/systematic changes put in place to ensure that the deficient practice does not recur:</p> <p>3. In-service conducted by NHA with the Maintenance department on the "Facility Safety Drills/Inspection Calendar", and Life Safety Code Standard NFPA 101.</p> <p>Completion date: June 15, 2012</p>		7/15/12

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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NAME OF PROVIDER OR SUPPLIER HUNTSVILLE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 287 BAKER STREET HUNTSVILLE, TN 37756		
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K147		K147	<p>K147 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Corrective action(s) accomplished for those residents found to have been affected by the deficient practice:</p> <ol style="list-style-type: none"> 1. Electrical outlets have been added to the room for the hot water heaters. June 11, 2012. <p>Completion date: June 11, 2012</p> <p>Identify other residents have the potential to be affected by the same deficient practice and what corrective action taken:</p> <ol style="list-style-type: none"> 2. Maintenance Director conducted a facility inspection to ensure electrical outlets in place where needed. <p>Completion date: June 29, 2012</p> <p>Measures/systematic changes put in place to ensure that the deficient practice does not recur:</p> <ol style="list-style-type: none"> 3. In-service conducted by NHA with the Maintenance department on the "Maintenance Inspection Checklist", and Life Safety Code Standard NFPA 101. <p>Completion date: June 18, 2012</p> <p>Maintenance Director will present the maintenance inspection checklist to safety committee and add to the monthly agenda to review inspection of outlets in the facility.</p> <p>➤ Routinely on weekly basis that will be ongoing.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
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PRINTED: 08/07/2012
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			<p>Monitoring of corrective action to ensure the deficient practice will not recur:</p> <p>4. NHA will assure compliance by weekly review for 4 weeks to ensure calendar is current and all inspections and drills are in compliance.</p> <p>Overall findings will be reported to the NHA immediately when policy is not adhered to.</p> <p>Failure to adhere to facility policy will be considered a violation. Violations will result in disciplinary action in accordance with the facility progressive disciplinary policy.</p> <p>Report of overall findings and subsequent disciplinary action, if applicable, will be reported to the facility Quality Assurance (QA) Committee (consisting of Medical Director, Pharmacy Consultant, Dietician, Psychologist, Central Supply Clerk, Wound Care Nurse, DON, ADON, SSD, NHA, Risk Manager, MDSC, Restorative and/or Nurse, and Housekeeping Supervisor) to review the need for continued intervention or amendment to the plan.</p> <p>5. Completion date: July 15, 2012</p>		7/15/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Cara Bulham

TITLE

Administrator

(X6) DATE

6-15-12

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